



CERTIFICATE OF DISCONTINUANCE OF BUSINESS

I /WE HEREBY CERTIFY that I/WE have conducted or transacted business under the name of:

Business Name _____

Business Address _____ *Saratoga*
(Street Address) (City) (State) (Zip Code) (County)

The certificate was filed in the Saratoga County Clerk's Office, State of New York on _____

under Instrument Number _____

and last amended certificate was filed on _____ under Instrument Number _____ .

and *I/WE hereby further certify* that the filing of a certificate in said County is no longer required for the reason that the said business was discontinued on _____.

or conditions under which the business is conducted have changed so that the filing of a certificate in said County is no longer required for the following reason:

I/We therefore desire to file this certificate of discontinuance.

IN WITNESS WHEREOF, I/We have signed this certificate on _____.

Signature

Signature

Signature

STATE OF NEW YORK
COUNTY OF

On _____ before me, the undersigned personally appeared

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signatures(s) on the instrument, the individuals(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public